TRANSFERABILITY OF CREDIT DISCLOSURE STATEMENT

Per SB3789/HB3857, the State of Tennessee requires all educational institutions operating within Tennessee to provide the following transferability of credit disclosure statement to prospective students, prior to enrollment:

Credits earned at Huntington College of Health Sciences may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Huntington College of Health Sciences. You should obtain confirmation that Huntington College of Health Sciences will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Huntington College of Health Sciences to determine if such institutions will accept credits earned at Huntington College of Health Sciences prior to executing an enrollment contract or agreement. The ability to transfer credits from Huntington College of Health Sciences to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Huntington College of Health Sciences if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Huntington College of Health Sciences and of any other educational institutions you may in the future want to transfer the credits earned at Huntington College of Health Sciences before you execute an enrollment contract or agreement.
Doctorate Admissions Checklist
Applying By Fax or By Mail

You may apply and complete the admissions process at any time. Huntington College of Health Sciences (HCHS) has an open admission policy for qualified applicants. You must be a graduate of a Master’s degree, or first professional degree program from an accredited college/university with at least a 3.0 GPA. Candidates may be required to submit additional documentation.

1. Complete all items on a printed application for Admission:

   **FAX** Fill in the credit card information on the last page of the application to pay the non-refundable **$75.00 application fee** (except in the case of denial of admission). Fax the application to 1-865-524-8339.

   **MAIL** Either fill in the credit card information on the last page of the application or enclose a check or money order for the non-refundable **$75.00 application fee** (except in the case of denial of admission). Mail your application to: Student Services, Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918.

   If you list an email address on your form, a message will be returned acknowledging receipt of your application. An application will not be processed until the application fee is received.

2. Submit a copy of a government issued photo ID, i.e., driver’s license or passport.

3. Request official transcripts of your bachelor’s* and master’s degree* be sent directly to Student Services, Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918. Unofficial transcripts may be evaluated to expedite the admission process, but official transcripts will be required for all applicants who choose to enroll. Candidates for admission must meet one of the following credentials:

   - A minimum of a master’s degree in a health related field*
   - or
   - A minimum of a master’s degree and significant professional experience in a health related field*

   *Academic prerequisites: Minimum 3.0 GPA, completed undergraduate coursework in biology and statistics, and completed graduate coursework in nutrition and biochemistry.

4. Submit a CV or complete resume detailing your personal information, employment, educational background, volunteer experiences, honors, awards, and professional certifications.

5. Provide a short essay on how the D.H.S. degree will fit into your career goals.

6. Submit the names of 2 professional references and send each reference a Reference Request Letter form.

7. Submit copies of any applicable licenses.

* College or university must be accredited by an accrediting agency recognized by the Secretary of the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA); or international equivalent.
APPLICATION FOR ADMISSION

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name (First/Middle/Last)</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Maiden Name</td>
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<tr>
<td>Nickname</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Female</td>
<td>Social Security Number</td>
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<table>
<thead>
<tr>
<th>Street Address (not box #)</th>
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<tbody>
<tr>
<td>City</td>
<td>State/Province</td>
</tr>
<tr>
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<td>Zip/Postal Code</td>
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<td></td>
<td>Country</td>
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<tr>
<th>Home telephone</th>
<th>Work telephone</th>
<th>Cell phone</th>
<th>E-mail</th>
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<tr>
<th>Business name or employer</th>
<th>Position/Title</th>
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<tr>
<td>Business/employer address</td>
<td>Years there?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
<th>Country</th>
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</table>

WHERE DID YOU LEARN ABOUT HUNTINGTON COLLEGE OF HEALTH SCIENCES?

- Internet browser
- Magazine advertisement _____________________
- Website ______________________________________

- Friend/Family _______________________________
- Other ______________________________________

INTENDED PROGRAM OF STUDY

Doctorate Degree Program

- Doctor of Health Science (D.H.S.) in Integrative Healthcare

  Please indicate your area of concentration (must choose one):

  - Clinical Nutrition
  - Personalized Concentration

ADVANCED STANDING

Graduate Only: I am interested in earning advanced standing through:

- Transfer credit for doctorate courses taken at another accredited institution
- Credit by examination
- Prior learning assessment
PRIOR EDUCATION

In chronological order, list all colleges, universities and high school you attended. Official/working copies of transcripts must be on file before the application process can be finalized. Official transcripts are required from any educational institution attended since high school graduation.

<table>
<thead>
<tr>
<th>Name &amp; Location</th>
<th>Dates Attended</th>
<th>Degree/Date Received</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

APPLICANT STATUS

Check all that applies and complete corresponding section of application.

- [ ] New Applicant
- [ ] Prior HCHS (or AAN) Graduate / New Degree
- [ ] Active duty military…………………………………………………………………………. Complete Section A
- [ ] Eligible for employer tuition reimbursement………………………………………………... Complete Section B
- [ ] Attended institutions outside the U.S. ………………………………………………………. Complete Section C

STATEMENT OF NON-DISCRIMINATION

Huntington College of Health Sciences does not discriminate on the basis of race, age, color, sex, religion, sexual orientation, national or ethnic origin, veteran status, or condition of disability in the admission of students or the administration of its educational policies or programs.

THIS INFORMATION IS REQUIRED FOR FEDERAL REPORTING PURPOSES

RACE: □ American Indian/Alaskan Native □ Asian/Pacific Islander □ Black □ Hispanic □ White □ Other
MARITAL STATUS: □ Single □ Married
CITIZENSHIP: □ Disabled □ Veteran □ Disabled Veteran □ Vietnam Era Veteran □ Over 40+ Years

OPTIONAL

Are there any physical limitations that would prevent you from successfully completing the course/program objectives?

___Yes ___No; If yes, please explain in more detail on a separate sheet of paper and include with your application.

□ Not Applicable

SECTION A — ACTIVE DUTY MILITARY DUTY

- [ ] Army
- [ ] Navy
- [ ] Marine Corps
- [ ] Air Force
- [ ] Coast Guard
- [ ] Active Duty
- [ ] Reserve
- [ ] National Guard

Yes No

- [ ] I want to use my DANTES or TA benefits.
- [ ] I have been counseled by my Education Service Officer or Navy Campus.
SECTION B — EMPLOYER TUITION REIMBURSEMENT

I am eligible for employer tuition reimbursement. In order to reimburse me, my employer requires the following documentation:

- a final grade report for the course.
- a statement indicating the cost of course tuition sent.
- a statement indicating the cost of course tuition and the cost of purchased textbooks.

Issue this information:

- directly to me at my home address.
- directly to me at my office address.
- directly to my employer as specified below:

  Supervisor/HR Rep: ___________________________________________________________________
  Department: _______________________________________________________________________
  Company: _________________________________________________________________________
  Street Address: ____________________________________________________________________
  City/State/Zip ________________________________________________________________

SECTION C — NON U.S. EDUCATIONAL CREDENTIALS

YES NO

☐ ☐ I have previously had my educational credentials evaluated by _______________________
and will order an official report to be sent directly to HCHS.

☐ ☐ I will request an evaluation from Educational Credential Evaluators, Inc. (ECE). Request forms and cost information are available at the ECE website (http://www.ece.org). International applicants seeking admission to undergraduate or graduate programs must obtain a general evaluation; course by-course evaluations will be required for undergraduate or graduate transfer credit.

☐ ☐ Applicants whose native language is not English and who have not earned a degree from an appropriately accredited institution where English is the principal language of instruction must take the TOEFL or IELTS. I will provide documentation of either a minimum score of 550 on TOEFL or 80 iBT and a minimum score of 6.5 on the IELTS for the Doctorate program.

TUITION COSTS

<table>
<thead>
<tr>
<th>Program/course</th>
<th>Tuition</th>
<th>Enrollment Fee</th>
<th>Estimated cost books &amp; materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Health Science in Integrative Healthcare:</td>
<td>$22,816 USD</td>
<td>$200</td>
<td>$1,800 USD**</td>
</tr>
<tr>
<td>Clinical Nutrition Concentration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor of Health Science in Integrative Healthcare:</td>
<td>$22,448 USD</td>
<td>$200</td>
<td>$1,900 USD**</td>
</tr>
<tr>
<td>Personalized Concentration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual doctorate course (3 credits)</td>
<td>$1,104 USD</td>
<td>$50</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual doctorate course (4 credits)</td>
<td>$1,472 USD</td>
<td>$50</td>
<td>Check booklist for each course**</td>
</tr>
</tbody>
</table>

Prerequisites for Doctorate program (if needed)

<table>
<thead>
<tr>
<th>Program/course</th>
<th>Tuition</th>
<th>Enrollment Fee</th>
<th>Estimated cost books &amp; materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual undergraduate course (3 credits)</td>
<td>$597 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual undergraduate course (4 credits)</td>
<td>$796 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual graduate course (3 credits)</td>
<td>$900 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual graduate course (4 credits)</td>
<td>$1,200 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
</tbody>
</table>

Note that tuition and fees are subject to change. Estimated cost of textbooks & materials may change based on course revisions & new editions. Students will be notified prior to any tuition changes.

*Prospective students will not be enrolled in the Doctorate program until all prerequisite courses have been fulfilled. A $50 enrollment fee will be required to complete individual prerequisite courses. After completion of prerequisites students will only pay $150 for the Doctorate enrollment fee.

**The cost of textbooks is not included in the quoted tuition. You may purchase textbooks from any vendor of your choice. See the Undergraduate/Graduate Book List for estimated textbook cost and information.
REFERENCE
Please provide the name of two professional references. References must submit a Reference Letter Request form.

1. Reference Name: ____________________________
   Title: ____________________________ Phone #: ____________________________
2. Reference Name: ____________________________
   Title: ____________________________ Phone #: ____________________________

APPLICATION SIGNATURE
I hereby make application for admission to Huntington College of Health Sciences. I certify that I am of legal age in the state in which I reside and that all information provided is true and complete. I understand that I may be asked to provide additional information to demonstrate my ability to benefit from the intended course of study. I am enclosing or providing payment information for a $75 non-refundable application fee and understand that this application is valid for 60 days from the date of acceptance. If I do not enroll within 60 days, I will be required to update my application for future enrollment.

My signature on this application is verification that I received an institutional catalog or viewed at www.hchs.edu and was given the time and opportunity to review the institutional policies in the catalog. I do pledge to abide by all rules and regulations of Huntington College of Health Sciences as set forth in the College’s Catalog if this application is approved. I acknowledge that all official transcripts which I submit to the school become the property of the school and will not be forwarded to another institution or returned to me. I know the length of the program for full time and part time students in the academic terms and actual calendar time, the total tuition and fee cost of the program, estimated cost of books and other educational materials (as described in the catalog). I understand what ‘transferability of credits’ means and the specific limitations (as described in the catalog); received the Transferability of Credit Disclosure Statement; and have been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Suite 1900, 404 James Robertson Parkway, Nashville, TN 37243-0565, (615) 741-5293.

APPLICANT’S SIGNATURE __________________________________________ DATE ______________

Method of Payment
$75 non-refundable Application Fee

☐ A Check or Money Order payable to Huntington College of Health Sciences
☐ Charge $75 to my: ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Card #: ____________________________ Exp. Date _______ Signature ____________________________

ENROLLMENT AGREEMENT (for use by HCHS staff only)
With this signature, I verify that this applicant has been accepted for enrollment at Huntington College of Health Sciences.

HCHS OFFICIAL SIGNATURE __________________________ DATE ______________
Huntington College of Health Sciences
College/University Transcript Request

Make as many copies of this form as needed. Complete and forward a copy to each college, university, or seminary you have attended. The schools will in turn forward your official transcript to our records office. Your transcripts will be included in your permanent student file.

Most institutions charge a transcript fee. You may wish to contact your school concerning the appropriate fee.

Thank you,
Student Services

Date: __________________
To: Registrar

NAME OF SCHOOL

ADDRESS

CITY, STATE ZIP

Please send an official transcript of my hours and grades to Student Services, Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918. Enclosed is $__________ for processing and handling.

Name While Attending School (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Last Semester Attended</th>
<th>Year</th>
<th>Degree Earned</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Birth Date

Present Address

City | State | Zip

Thank you,

____________________________________
SIGNATURE
Reference Request Letter

For Application to the
Doctor of Health Science in Integrative Healthcare

Reference Request For:

Applicant’s Name: ___________________________ ___________________________ ___________________________

Last Name  First Name  Middle Initial

Applicant’s Email: ___________________________ Phone: ____________

Recommender’s Name: ___________________________

Title/Position: ___________________________

CONFIDENTIALITY WAIVER (check one):

☐ It is my desire that this recommendation be CONFIDENTIAL; that is, I wish to waive any rights of access to this recommendation, once received by Student Services.

☐ It is my desire that this recommendation be NON-CONFIDENTIAL; that is, I wish to retain my rights of access to this recommendation, once received by Student Services.

APPLICANT’S SIGNATURE: ___________________________ DATE: ____________

INSTRUCTIONS TO THE AUTHOR OF THE LETTER OF RECOMMENDATION:

Thank you for agreeing to write a letter on behalf of the above-named applicant. This information is collected to evaluate the applicant for admission to the Doctor of Health Science in Integrative Healthcare program. The following guidelines are provided for your assistance as you prepare your letter.

1. Please state the nature and duration of your relationship with the applicant.

2. Please comment on any of the following factors which are relevant to the applicant’s educational goal, as he or she has discussed with you:
   - Academic or job performance
   - Critical Thinking Skills
   - Motivation and understanding of healthcare/nutrition
   - Character, integrity, and ethics
   - Service commitment and community involvement
   - Reliability, dependability, adaptability, and capacity for improvement

3. Please rank the applicant as a candidate for the Doctor of Health Science in Integrative Healthcare Program: Highly recommended, recommended, not recommended or unable to judge.

While you are asked to forward your evaluation as soon as possible, the deadline is 2 weeks from receipt of this letter. Please send this form with your letter of recommendation to:

Huntington College of Health Sciences
Student Services
117 Legacy View Way
Knoxville, TN 37918

Huntington College of Health Sciences does not discriminate on the basis of race, age, color, sex, religion, sexual orientation, national or ethnic origin, veteran status, or condition of disability in the admission of students or the administration of its educational policies or programs.

Your evaluation of this applicants’ candidacy is an important part of the admission process. Thank you.